APPROVED

PTO DEPOSIT ACCOUNT CHARGE

Express Mail Number:

EL336511976US

ACCOUNT 704-1700

Date Deposited:

10/20/2003

UTILITY

PATENT APPLICATION

TRANSMITTAL

PTO/SB/05 (11-00)

Attorney Docket No. 5820.640 First Inventor Daniel E. Resasco et al. Title METHOD FOR PRODUCING SINGLE WALLED CARBON NANOTUBES

(Only for new nonprovision	onal applications under 37 CFR 1.53(b)) E	xpres	s Mail Label No.	EV336511976U	s			
			ADE			I.,Comm.for Patents			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for processing) Applicant claims small entity status See 37 CFR 1.27. Specification Proferred arrangement set forth below) Descriptive title of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Description of the Drawings (if filed) Detailed Description Redline Specification Pgs Claim(s) Clean Specification Pgs Claim(s) Clean Specification Pgs Abstract of the Disclosure Total Pages 3 Statement (Interview of the Invention Total Pages Statement (Interview of the Invention Statement (Interview of the Invention Total Pages Statement (Interview of the Invention Total Pag									
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 16. Application Data Sheet. See 37 CFR 1.76 Application Data Sheet. See 37 CFR 1.76 Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. X Other: SEE BELOW									
18. This application is: Continuation X Divisional Continuation-in-part (CIP)									
T9. CORRESPONDENCE ADDRESS X Customer Number or Bar Code Lebel (Insert Customer No. or Attach bar code label here) Correspondence address below									
Name	Dunlap, Codding & Rogers, P.C.				(1) E (1)				
	P. O. Box 16370								
Address	Christopher W. Corbett								
City	Oklahoma City	Sta	ate	ок	Zip Code	73113			
Country	USA	Telepho	one	(405) 607-8600	Fax	(405) 607-8686			
Name (Print/Type)	Christopher W. Corbett		Reg	istration No. (Attorne	y/Agent) 36,1	99			
Signature	LAMONTH W	/1	76	2/11	Date 10/6	20/03			

SEND TO:

Mail Stop Patent App /

P.O. Box 1450

Alexandria, VA 22313-1450

*The Assignment for this case is the same as recorded in the prior application at Reel 013122, frame 0027 as well as the Power of Attorney and 37 CFR 3.73(b) Statement.

17) 1. Utility Patent Application Transmittal (1 page); 2. Fee Transmittal (1 page) Authorizing the Commissioner to charge indicated fees of \$394.00 (for Utility Filling Fee \$385.00 and \$9.00 for extra claim fee) or any additional fee required under 37 C.F.R. 1.16 and 1.17 and/or credit any overpayments to Deposit Account Name Dunlap, Codding & Rogers, P.C.; 3. Patent Application Fee Determination Record (1 page); 4. Complete Application for Publication (48 pages) (Divisional of USSN 10/118,834, filed 04/08/2002) including: (A) Specification (41 pages); (B) 21 Claims (6 pages); (C) Abstract (1 page); (D) 3 pages of Combined Declaration and Power of Attorney (from prior application); and (E) 24 sheets of formal drawings with labels identifying indicia; 6. Information Disclosure Statement (3 pages); 7. Form 1449 (modified) (4 pages); 8. Return receipt postcard

APPROVEE for

Express Mail No.: Date Deposited:

EV336511976US 10/20/2003 PTO DEPOSIT ACCOUNT CHARGE ACCOUNT #04-1700

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

102003

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 394

Complete if Known							
Application Number	Not Yet Assigned						
Filing Date	Herewith						
First Named Inventor	Daniel E. Resasco et al.						
Examiner Name	Unknown						
Art Unit	1754						
Attorney Docket No.	5820.640						

METH	OD OF PAYMENT (check alPthat apply)	FEE CALCULATION (continued)							
Check	3. ADDITIONAL FEES								
Order Order			ty	Small	Entity	!			
Deposit Account	04-1700	Fee Fe Code (\$)			Fee (\$)	Fee Description	Fee Paid		
Number		1051 13	30	2051	65	Surcharge - late filing fee or oath			
Deposit Account Name	Dunlap, Codding & Rogers, P.C. Customer No. 30589	1052 5	io	2052	25	Surcharge - late provisional filing fee or cover sheet			
	ioner is authorized to: (check all that apply)	1053 13	80	1053	130	Non-English specification	\vdash		
1 1 2 2	(s) indicated below Credit any overpayments	1812 2,52	20	1812 2	2,520	For filing a request for ex parte reexamination	<u> </u>		
Charge any	additional fee(s) during the pendency of this application	1804 92	20*	1804	920*	Requesting publication of SIR prior to Examiner action			
	(s) indicated below, except for the filing fee entified deposit account.	1805 1,84	40*	1805	1,840*	Requesting publication of SIR after Examiner action			
	FEE CALCULATION	1251 1 ⁴	10	2251	55	Extension for reply within first month			
1. BASIC F		1252 42	20	2252	210	Extension for reply within second month			
Large Entity S		1253 95	50	2253	475	Extension for reply within third month			
	Fee Fee Fee Description Fee Paid Code (\$)	1254 1,48	во	2254	740	Extension for reply within fourth month			
1001 770	2001 385 Litility filing for	1255 2,01	10	2255	1,005	Extension for reply within fifth month			
1002 340	2002 170 Design filling fee 385	1401 33	10	2401	165	Notice of Appeal			
1003 530	2003 265 Plant filing fee	1402 33	ю	2402	165	Filing a brief in support of an appeal			
1004 770	2004 385 Reissue filing fee	1403 29	10	2403	145	Request for oral hearing			
1005 160	2005 80 Provisional filing fee	1451 1,51	10	1451 1	1,510	Petition to institute a public use proceeding			
	SUBTOTAL (1) (\$) 385	1452 11	٥	2452	55	Petition to revive - unavoidable			
2 EVTDA	CLAIM FEES FOR UTILITY AND REISSUE	1453 1,33	30	2453	665	Petition to revive - unintentional			
2. EXTRA C	Fee from	1501 1,33	30	2501	665	Utility issue fee (or reissue)			
Total Claims	Extra Claims below Fee Paid $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1502 48	0	2502	240	Design issue fee			
Independent	$3 - = 0 \times 43 = 50$	1503 64	.0	2503	320	Plant issue fee			
Claims Multiple Deper		1460 13	:0	1460	130	Petitions to the Commissioner			
		1807 50)	1807	50	Processing fee under 37 CFR 1.17(q)			
Large Entity Fee Fee	Small Entity Fee Fee Pescription	1806 180	۱ ۱	1806	180	Submission of Information Disclosure Stmt			
Code (\$)	Code (\$)	8021 40		8021	40	Recording each patent assignment per property (times number of properties)			
1202 18 1201 86	2202 9 Claims in excess of 20 2201 43 Independent claims in excess of 3	1809 770	۱ ۱	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))			
1203 290	2203 145 Multiple dependent claim, if not paid	1810 770		2810	385	For each additional invention to be			
1204 86	2204 43 ** Reissue independent claims over original patent	1801 770		2801	385	examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)			
1205 18	2205 9 ** Reissue claims in excess of 20 and over original patent	1802 90		1802	900	Request for expedited examination			
	Other fee	(sne	ecify)		of a design application				

	r previously paid, if greater; For Reissues, see above	reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0							
SUBMITTED	av /					(Complete (if applicable)			

SUBMITTED BY				(Complete	(if applicable)	
Name (Print/Type)	Christopher W. Corbett		Registration No. 36,109	Telephone	(405) 607-8600	
Signature	Jan XVIII	10	Q///	Date	10/20/2003	

Mail Stop Patent Application Commissioner for Patents

SEND TO:

PO Box 1450, Alexandria, VA 22313-1450

Express Mail No.:

EV336511976US

Date Deposited:

10/20/2003

PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

													_	
PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number 5820.640					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OR	HAN NTITY	
FOR NUMBER FILED				NUMBER EXTRA			RAT	Έ	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))							1		_	§ 385	OR		\$_0	
	AL CLAIMS CFR 1.16(c))		21	minu	ıs 20 =	320 = * 1 0					9	OR	x <u>\$ 18</u> =	0
	EPENDENT CLA CFR 1.16(b))	AIMS	3	min	us 3 =	0	1	x \$ <u>9</u> x 43	=	0	OR	x 86 =	0	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0						1	+ 140	.=	0	OR	+ 280 =	0		
* If the difference in column 1 is less then zero, enter "0" in column 2								TOTA	٩L	394	OR	TOTAL	0	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L E	NTITY	OR	OTHER T		
AMENDMENT A		CLAII REMAII AFTE AMENDI	NING R		NU PREV	GHEST JMBER JOUSLY ID FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total (37 CFR 1.16(c))	*		Minus	** 2		= 0		x \$_9_	=	0	OR	x \$ <u>18</u> =	0
4ME	Independent (37 CFR 1.16(b))	*		Minus	*** 3		= 0		x <u>43</u> =		0	OR OR	x <u>86</u> =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					7 CFR 1.16(d))		+ 140	_=	0	OR	+ 280 =	0		
		(Column	ı 1)		(Co	lumn 2)	(Column 3)	ΑĽ	TOTA DDIT. FE		0	OR A	TOTAL DDIT. FEE	0
AMENDMENT B		CLAII REMAII AFTE AMENDI	NING R		NU PREV	GHEST JMBER /IOUSLY ID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total (37 CFR 1.16(c))	*		Minus	**		=	11	x <u>\$</u> 9	=	0	OR	x \$ <u>18</u> =	0
ME	Independent (37 CFR 1.16(b))	*		Minus	***		=		x <u>43</u>	_=	0	OR OR	x <u>86</u> =	0
1	FIRST PRES	ENTATION	N OF MU	JLTIPLE DEF	ENDEN	IT CLAIM (3	7 CFR 1.16(d))	11	+ 140	.=	0	OR	+ _280_ =	0
(Column 1) (Column 2) (Column 3)						A	TOT. DDIT. FI		0	OR Al	TOTAL DDIT. FEE	0		
AMENDMENT C		CLAII REMAII AFTE AMENDI	NING R		NL PREV	GHEST IMBER IOUSLY ID FOR	PRESENT EXTRA		RATI	ADDI- TIONAL FEE	TIONAL	OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*		Minus	**		=	1	x \$_9	_=	0		x \$ <u>18</u> =	0
	Independent (37 CFR 1.16(b))	*		Minus	***		=	\prod	x 43		0	OR OR	x <u>86</u> =	0
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))][+ 140	_=	0	OR	+ 280 =	0	
** If *** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													